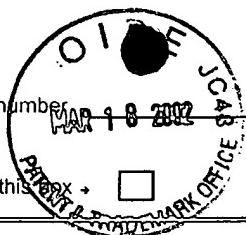


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Patent and Trademark Office

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing      OR     Declaration Submitted after Initial Filing

Attorney Docket Number	U 0069 CC/SPAP
First Named Inventor	McCaulley, James A.
COMPLETE IF KNOWN	
Application Number	10/008,663
Filing Date	11/07/01
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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ORIGINALLY FILED

### ASTRINGENT SHAVE PREPARATIONS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/246,355	11/07/2000	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

### CERTIFICATE OF MAILING PER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on 10/17/01.

Page 1

MARCH 8 2002 M - 8 . . . CONN. MARSHINE CADEN

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U 0069 CC/SPAP

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365C of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name \_\_\_\_\_ Customer Number \_\_\_\_\_ or label \_\_\_\_\_  
OR

List Attorney(s) and/or agent(s) name and registration number below:

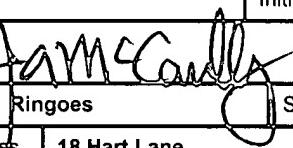
Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Steven J. Trzaska	36,296
Aaron E. Ettelman	42,516	Henry E. Millson, Jr.	18,980

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:  Customer Number \_\_\_\_\_ or label \_\_\_\_\_ **23657** OR  Fill in correspondence address below

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Telephone \_\_\_\_\_ 610-278-4929 Fax \_\_\_\_\_ 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	James	Middle Initial	A.	Family Name	McCauley		Suffix e.g. Jr.	
Inventor's Signature						Date	Jan. 23, 2002	
Residence: City	Ringoess	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	18 Hart Lane							
Post Office Address								
City	Ringoess	State	NJ	Zip	08551	Country	USA	Applicant Authority
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								

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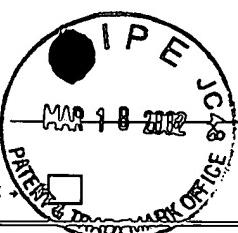
U 0069 CC/SPAP

## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Pat	Middle Initial		Family Name	Hoontrakul			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City	Bethlehem	State	PA	Country	USA	Citizenship	USA		
Post Office Address	242 West Lehigh Street								
Post Office Address									
City	Bethlehem	State	PA	Zip	18018	Country	USA	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City		State		Country				Citizenship	
Post Office Address									
Post Office Address									
City		State		Zip		Country			Applicant Authority
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City		State		Country				Citizenship	
Post Office Address									
Post Office Address									
City		State		Zip		Country			Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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U.S. Department of Commerce  
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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

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Attorney Docket Number	U 0069 CC/SPAP
First Named Inventor	McCaulley, James A.
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### ASTRINGENT SHAVE PREPARATIONS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

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60/246,355	11/07/2000	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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## DECLARATION

Page 2

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U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name  Customer Number or label

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Steven J. Trzaska	36,296
Aaron E. Ettelman	42,516	Henry E. Millson, Jr.	18,980

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence  Customer Number or label  23657 OR  Fill in correspondence address below

Name   
Address   
Address   
City  State  Zip   
Country  Telephone  610-278-4929 Fax  610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	James	Middle Initial	A.	Family Name	McCauley		Suffix e.g. Jr.	
Inventor's Signature					Date			
Residence: City	Ringoess	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	18 Hart Lane							
Post Office Address								
City	Ringoess	State	NJ	Zip	08551	Country	USA	Applicant Authority
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box →

U 0069 CC/SPAP

## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Pat	Middle Initial	Family Name	Hoontrakul	Suffix e.g. Jr.
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Inventor's Signature	<i>Pat Hoontrakul</i>			Date	2/15/2002
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Residence: City	Bethlehem	State	PA	Country	USA	Citizenship	USA
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Post Office Address	242 West Lehigh Street						
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Post Office Address							
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City	Bethlehem	State	PA	Zip	18018	Country	USA	Applicant Authority
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name				Suffix e.g. Jr.
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Inventor's Signature				Date			
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Residence: City		State		Country			Citizenship	
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name				Suffix e.g. Jr.
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Inventor's Signature				Date			
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Residence: City		State		Country			Citizenship	
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City		State		Zip		Country		Applicant Authority
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Given Name		Middle Initial		Family Name				Suffix e.g. Jr.
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Inventor's Signature				Date			
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Residence: City		State		Country			Citizenship	
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City		State		Zip		Country		Applicant Authority
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<input type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							
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